



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
MEARS ET AL.

Serial No. 10/647,060

Filing Date: AUGUST 22, 2003

For: SEMICONDUCTOR DEVICE INCLUDING)  
BAND-ENGINEERED SUPERLATTICE )

) Attorney Docket No. 62601

PRELIMINARY AMENDMENT

Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Prior to the calculation of fees and examination of  
the present application, please enter the amendments and  
remarks set out below.

Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



In re Application of: **MEARS**  
Serial No.: **10/647,060**  
Filed: **AUGUST 22, 2003**  
For: **SEMICONDUCTOR DEVICE INCLUDING BAND-ENGINEERED SUPERLATTICE**

Sir:

Transmitted herewith is a preliminary amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR § 1.27 has been established by a verified statement previously submitted
- ☐ A verified statement to establish small entity status under 37 CFR § 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		LARGE ENTITY	
FOR:	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	FEE	RATE	FEE
TOTAL CLAIMS		20		X 9	\$	X 18	\$
INDEPT CLAIMS		3		X 42	\$	X 84	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ 135	\$	+ 270	
				TOTAL ADD'L FEE		TOTAL ADD'L FEE	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment of the number of claims originally filed.

- ☐ The Commissioner is hereby authorized to charged the claim fee in the amount of \$\_\_\_ to Deposit Account No. 01-0484.
- ☒ The Commissioner is hereby authorized to charge or credit any discrepancies in fee amounts to Deposit Account No. 01-0484.
- ☒ **PLEASE ADDRESS ALL CORRESPONDENCE TO ATTORNEY OF RECORD: CHRISTOPHER F. REGAN**
- ☒ Please associate this application with Customer No. 27975.

November 26, 2003  
DATE



CHRISTOPHER F. REGAN  
REG. NO. 34,906